

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee National Nurses United		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2016	
Mailing Address 155 Grand Avenue		Amount 1180.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D712965
Purpose of Expenditure Ad		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 33724.42		Office Sought: <input type="checkbox"/> House District: 00 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The DVC Inquirer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2016	
Mailing Address 321 Golf Club Rd		Amount 720.00	
City Pleasant Hill	State CA	Zip Code 94553	Transaction ID : D712966
Purpose of Expenditure Ad		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 33724.42		Office Sought: <input type="checkbox"/> House District: 00 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1900.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2016

Signature